

SCSEP DATA VALIDATION SELF-ATTESTATION SIGNATURE FORMS

Instructions for SCSEP program personnel

The forms below may be used by SCSEP personnel to allow applicants or participants to attest to information related to data elements that are validated by the SCSEP program. There is a separate form for each of the 14 data elements that accept signed self-attestation as a form of source documentation. This enables SCSEP personnel to print out only the form(s) that are needed in a given situation.

NOTE 1: These forms are not meant to replace the Data Collection Handbook or the Data Validation Handbook. SCSEP personnel must refer to those sources for complete rules on the information needed to establish each element and the allowable documentation.

NOTE 2: SCSEP personnel should be aware that participants who are able to present official source documents that contain all of the information needed to validate any of the data elements listed below have no need to use the relevant attestation form for that element. Official source documents, if they contain the required elements, are, by themselves, sufficient to validate any individual piece of information below.

Similarly, case notes and third-party attestation may be used to validate the information for certain elements. Please refer to the DV handbook for exact instructions on when these other types of validation are acceptable.

NOTE 3: The following data elements accept self-attestation in whole or in part:

- P8 – Homeless
- P13 – Employed prior to participation?
- P14 – Total Includable Family Income (12 Month or 6 Month Annualized) *(for claims of zero income only)*
- P22 – Limited English proficiency?
- P24 – Low literacy skills?
- P25 – Veteran (or eligible spouse of veteran)? *(for veterans discharged prior to 1950)*
- P27 – At risk of homelessness
- P29 – Failed to find employment after using WIA Title I? *(to establish no employment at time of application only)*
- P30 – Low employment prospects?
- P45 – Recertification: Total includable family income (12 month or 6 month annualized)
- P54 – Severely limited employment prospects in area of persistent unemployment? *(for the validation of severely limited employment prospects only)*
- E6 – If exit is not due to unsubsidized employment, other reason for exit *(to establish an exclusion for reasons other than deceased only)*
- E9a – Exclusion discovered after exit *(to establish an exclusion for reasons other than deceased only)*

- U28c – Any wages for the first quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*
- U29c – Any wages for the second quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*
- U29e – Any wages for the third quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*
- U30c – Any wages for the fourth quarter after exit quarter? *(to establish an exclusion for reasons other than deceased; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information)*

NOTE 4: For the following data element, case workers must also confirm that the participant was actually enrolled in WIA prior to being enrolled in SCSEP

P29 – Failed to find employment after using WIA Title I?

NOTE 5: The following data elements require a case note explaining why the condition to which the applicant has attested makes it unlikely that the applicant will fail to find employment without the help of SCSEP or some other employment and training program.

P30 – Low employment prospects?

P54 – Severely limited employment prospects in area of persistent unemployment?

Self-Attestation Form for Item P8 Homeless

On this date, I, _____ (*Name of Applicant*), certify that I am homeless, that is:

1. I lack a fixed, regular, and adequate nighttime residence; **or**
2. I have a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ (*Name of Shelter*)

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ (*Name of Institution*)

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ (*Specify Place*)

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P13
Employed prior to participation?

On this date, I, _____ (*Name of Applicant*), certify that I am not employed, that is:

1. I do not do any work at all as a paid employee; **and**
2. I do not do any work at all in my own business, profession, or farm; **and**
3. I do not work 15 hours or more as an unpaid worker in an enterprise operated by a member of my family; **and**
4. I do not have a job or business from which I was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P22
Limited English Proficiency (LEP)**

On this date, I attest that I, _____ (Name of Applicant)
have limited English proficiency, that is:

1. I do not speak English as my primary language; **and**
2. I have a limited ability to read, speak, write, or understand English.
3. My primary language is _____.

(Signature of Applicant)

(Date)

Self-Attestation Form for Item P24
Low literacy skills?

On this date, I attest that I, _____ (Name of Applicant)
have low literacy skills, that is:

_____ I compute or solve problems, read, write, or speak at or below the 8th grade level; or

_____ I am unable to compute or solve problems, read, write, or speak at a level necessary to
function on the job, in my family, or in society.

(Signature of Applicant)

(Date)

**Self-Attestation Form for Item P25
Veteran (or spouse of veteran)?**

On this date, I, _____ (*Name of Applicant*), certify that I am a veteran, or a spouse of a veteran, as defined by **one** of the following statements:

_____ I served in the active _____ (*Name of Branch of Military*) and was discharged or released from such service under conditions other than dishonorable, or

_____ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than a dishonorable discharge, or

_____ I am the spouse of a person who died on active duty or of a service-connected disability, or

_____ I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed in one or more of the following categories:

_____ missing in action;

_____ captured in the line of duty by a hostile force; or

_____ forcibly detained or interned in the line of duty by a foreign government or power; or

_____ I am the spouse of a person who has a total disability permanent in nature resulting from a service-connected disability as determined by the VA; or

_____ I am the spouse of a veteran who died while a disability so evaluated was in existence.

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on _____
(*Date*)

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item P27
At risk of homelessness?**

Homelessness here is defined according to element P8 – Homeless, which states that a participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; or
2. has a primary nighttime residence that is:
 - a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
 - b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I, _____ (*Name of Applicant*), certify that the specific conditions which place me at real and imminent risk of homelessness are:

- _____ My rent/mortgage is unpaid or overdue;
- _____ I often borrow to pay my rent/mortgage;
- _____ My real estate taxes are unpaid or overdue;
- _____ I am temporarily sharing space with a family member or friend;
- _____ I have involuntarily moved several times in the last year;
- _____ My credit history or background disqualifies me from most rental/lease agreements;
- _____ I cannot pay my rent/mortgage most months;
- _____ I frequently have unpaid or overdue electric, gas, or water bills;
- _____ I have been evicted from a residence in the last 12 months;
- _____ I have lived in a shelter during the past 12 months.

_____ Or other specific conditions which place me at risk of homelessness (*Specify Below*)

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P29
Failed to find employment after using WIA Title I?

On this date, I, _____ (*Name of Applicant*), certify that I have been unable to find employment after last being enrolled in WIA Title I services on ____ / ____ / ____.

I have not been employed since ____ / ____ / ____.

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P30
Low employment prospects?

On this date, I, _____ (*Name of Applicant*), certify that I have a significant barrier to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

____ I lack a substantial employment history as described below:

____ I lack a high school diploma or the equivalent

____ I have a disability (Requires additional higher level documentation. See the SCSEP Data Validation Handbook Instructions for element P26)

____ I am homeless (Further information required on the attestation form for element P8)

____ I have other significant barrier(s), as described below:

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Item P45
Total includable family income (12 month or 6 month annualized) at recertification

On this date, I, _____ (Name of Participant), certify that my “family income”(the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

() six months

() twelve months

I have supported myself during this period of time, as described below:

(Signature of Applicant)

(Date)

Self-Attestation Form for Item P54
Severely limited employment prospects in area of persistent unemployment?

On this date, I, _____ (*Name of Applicant*), certify that I have at least two significant barriers to employment as described below:

(Check all conditions below which apply to you. Additional information explaining why your situation could be considered a significant barrier to potential employment must be included along with the identification of the condition.)

_____ I lack a substantial employment history as described below:

_____ I lack a high school diploma or the equivalent

_____ I have a disability (Requires additional higher level documentation, see the SCSEP Data Validation Handbook Instructions for element P26)

_____ I am homeless (Further information required on the attestation from for element P8)

_____ I have other significant barrier(s), as described below:

(Signature of Applicant)

(Date)

Self-Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

On this date, I, _____ (*Name of Participant*), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ (*Name of Doctor*), **and**
2. I have been informed by Dr. _____ (*Name of Doctor*), that
 - a. my medical condition is expected to last at least 90 days, **and**
 - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member, _____ (*Name of Relative and Relationship to Participant*),
2. My family member is in the care of Dr. _____ (*Name of Doctor*),
3. I have been informed by Dr. _____ (*Name of Doctor*), that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ (*Name of Facility*), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (*Name and Position*) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

(*Signature of Applicant*)

(*Date*)

**Self-Attestation Form for Item E9a
Exclusion discovered after exit**

On this date, I, _____ (*Name of Participant*), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ (*Name of Doctor*), **and**
2. I have been informed by Dr. _____ (*Name of Doctor*), that
 - a. my medical condition is expected to last at least 90 days, **and**
 - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member, _____ (*Name of Relative and Relationship to Participant*),
2. My family member is in the care of Dr. _____ (*Name of Doctor*),
3. I have been informed by Dr. _____ (*Name of Doctor*), that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ (*Name of Facility*), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (*Name and Position*) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

(*Signature of Applicant*)

(*Date*)

Self-Attestation Form for Items U28c/U29c/U29e/U30c
Any wages for first/second/third/fourth quarter after exit quarter?

On this date, I, _____ (Name of Exited Participant), certify that I received wages from ____ / ____ / ____ to ____ / ____ / _____, which is after I exited from the SCSEP program.

These wages were compensation for working at (Employer Name) _____

Located at (Address of Employer) _____

Where I reported directly to (Name of Supervisor) _____

----- OR -----

On this date, I, _____ (Name of Exited Participant), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. _____ (Name of Doctor), **and**
2. I have been informed by Dr. _____ (Name of Doctor) that
 - a. my medical condition is expected to last at least 90 days, **and**
 - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

_____ I have a documented family care exclusion, that is:

1. I am providing care for my family member, _____ (Name of Relative and Relationship to Participant),
2. My family member is in the care of Dr. _____ (Name of Doctor), **and**
3. I have been informed by Dr. _____ (Name of Doctor) that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ I am institutionalized, that is:

1. I am receiving 24-hour care at _____ (Name of Facility), which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ (Name and Position) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

 (Signature of Applicant)

 (Date)